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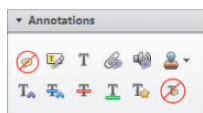
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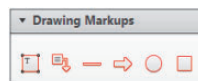
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Review: Co-producing knowledge about lesbian and bisexual women with breast cancer: Messages for nursing professionals from a knowledge exchange project

Dave Clarke

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The lives and health of Lesbian, Gay, Bisexual and Transgender (LGBT) people have in recent times become the focus of attention as societal attitudes have changed. However, in the decade where ‘gay marriage’ has become law, as a member of the LGBT community I cannot be assured that I will receive healthcare that is not only non-judgemental, but actually addresses my specific health needs as a gay man. The recent Stonewall report *Unhealthy Attitudes* (Stonewall, 2015) revealed that attitudes towards those of us from the LGBT community, from health and social care workers, can be discriminatory. An example of this is the finding that one in ten of the respondents directly involved in patient care had witnessed colleagues express a belief in ‘gay cure’.

The reviewed study, addressing the experiences of lesbian and bisexual women with breast cancer, is a major contribution to the growing body of evidence addressing the experience of LGBT people in healthcare. The themes which emerged from the empirical study (Coming Out about Breast Cancer) included concerns in treatment and care relating to heterosexism in cancer services, interactions with health professionals, coming-out, accessing information and support, and women’s embodied sense of self, are not isolated to cancer treatment and care. Research in other areas of care (Elliot et al., 2014) revealed similar findings and indeed Stonewall’s surveys, *Prescription for Change* (Stonewall, 2008), exploring the healthcare experiences of lesbian and bisexual women, and the *Gay and Bisexual Men’s Health Survey* (Stonewall, 2011) illustrated stark differences in LGB patients’ experiences of healthcare. In these surveys, LGB patients cite that the fear of discrimination creates a barrier to receiving appropriate care and treatment. It seems that these issues continue to be prevalent in modern healthcare despite the passage of time.

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The impact stage of this project, which is a compelling component in the article, demonstrates that service–user co-production can influence the implementation of healthcare policy and practice. The engagement with lesbian and bisexual women service users, as outlined in the paper, demonstrates that patient co-production with those from LGBT communities can positively influence local policy, challenge attitudes and improve care.

The purpose of the paper is to highlight messages for nursing professionals. As my own research has shown (Clarke, 2014), and as the authors cited, nursing curricula do not address the health inequalities LGBT people face in everyday life. The key messages from this paper clearly relate to open and honest conversations between LGBT patients and healthcare professionals. Nurses specifically need to accept that LGBT patients will have specific healthcare inequalities that can be ameliorated by those who care for them, so long as they have an awareness of the pertinent issues.

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